## Iowa Department of Human Services ACKNOWLEDGMENT OF CHALLENGE TO REVIEW AND ADJUST A SUPPORT OBLIGATION (252H) COVER LETTER

Date:	Case Number:
	Court Order #:
To:	County:
	Obligee:
	Obligor:
	Third Party:
	· ————————————————————————————————————
	hild Support Recovery Unit (the Unit) has reviewed your challenge request. In Unit followed criteria set out in state law. The attached acknowledgment explains
If you have any questions about this letter or t	the enclosed acknowledgment, please contact the office listed below.
	Child Support Recovery Unit
	Telephone:

## Iowa Department of Human Services ACKNOWLEDGMENT OF CHALLENGE TO **REVIEW AND ADJUST A SUPPORT OBLIGATION (252H)**

Regarding:	Date:			
From: Child Support Recovery Unit	Case Number: Court Order #: County: Obligee: Obligor:			
Telephone:	Third Party:			
The Child Support Recovery Unit (the Unit) received y Obligation dated  Here is our response to your request:	our request to challenge the Notice of Decision to Review and Adjust a Child Support			
We will conduct another review based on this required the following information to support your ch	uest, taking into consideration any new information provided or made available.We allenge and complete the review:  We will not conduct a second review because:			
The issues raised in your challenge are not within child support provisions of the order reviewed. The request was not made in writing. The earlier of No new or different information was submitted. The You are not legally subject to the terms of the suppremains in effect.	decision remains in effect.  The earlier decision remains in effect.  port order; therefore, you are not eligible to make the request. The earlier decision			
If you wish to withdraw your challenge, you may of form.				
hearing through the Unit or you may petition the c in writing to this office within 30 days of the first	you do not agree with our decision, you have the right to request a court court yourself. To request a court hearing through the Unit, send your request Notice of Decision which explained our original decision. The Unit will then			

st supply necessary materials to the court for a judicial review. The court will notify persons subject to the order of the time and date of the hearing.

If you have questions regarding this notice or the review and adjustment process, please contact the office listed on the first page of this notice.

## POLICY ON NONDISCRIMINATION

This action was taken without regard to race, color, creed, sex, age, physical or mental disability, religion, national origin, or political belief. If you have reason to believe you have been discriminated against for any of the reasons stated above, you may file a complaint with the Iowa Department of Human Services (IDHS) by completing a Discrimination Complaint form. Any IDHS office, institution, or the IDHS Diversity Programs Unit can give you a form. You may also file a complaint with the Iowa Civil Rights Commission (if you feel you were treated differently BECAUSE OF your race, creed, color, national origin, sex, religion, or disability); or the United States Department of Health and Human Services, Office for Civil Rights.

Iowa Department of Human Services Diversity Programs Unit 1st Fl 1305 E Walnut Des Moines IA 50319-0114

IOWA CIVIL RIGHTS COMMISSION 211 E Maple St 2nd Fl Des Moines IA 50309-1858

US DEPARTMENT OF HEALTH AND HUMAN **SERVICES** Office for Civil Rights Region VII Federal Bldg Rm 248 601 E 12th St Kansas City MO 64106-2808

## ${\bf ACKNOWLEDGMENT\ OF\ CHALLENGE\ TO\ REVIEW\ AND\ ADJUST\ A\ SUPPORT\ OBLIGATION\ (PAGE\ 3)}$

Copy to:									